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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself			
		About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name			
	Write the name that is on	William		Angela
	your government-issued picture identification (for example, your driver's	First name		First name
	license or passport).	Middle name	_	Middle name
	Bring your picture identification to your	Scerini		Scerini
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years			
	Include your married or maiden names.			
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-3509		xxx-xx-2215

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Debtor 1 William Scerini
Debtor 2 Angela Scerini

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):			
4. Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years		■ I have not used any business name or EINs.	■ I have not used any business name or EINs.			
	Include trade names and doing business as names	Business name(s)	Business name(s)			
		EINs	EINs			
5.	Where you live	707 Chestnut St.	If Debtor 2 lives at a different address:			
		Ottawa, IL 61350 Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code			
		La Salle				
		County	County			
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.			
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code			
6.	Why you are choosing this district to file for bankruptcy	Check one: Over the last 180 days before filing this petition,	Check one: Over the last 180 days before filing this petition, I			
		I have lived in this district longer than in any other district.	have lived in this district longer than in any other district.			
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)			

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Debtor 1 William Scerini

Deb	otor 2 Angela Scerini				Case number (if known)	
Par	t 2: Tell the Court About	our Bankruptcy C	ase			
7.	The chapter of the Bankruptcy Code you are			nch, see <i>Notice Required by</i> e 1 and check the appropriat	11 U.S.C. § 342(b) for Individuals Filing for E e box.	3ankruptcy
	choosing to file under	Chapter 7				
		☐ Chapter 11				
		☐ Chapter 12				
		☐ Chapter 13				
	Harris and the form	- 1		la manager Di		
8.	How you will pay the fee	about how y	ou may pay. Typically rattorney is submitting	, if you are paying the fee yo	k with the clerk's office in your local court for ourself, you may pay with cash, cashier's che alf, your attorney may pay with a credit card	eck, or money
			ay the fee in installme ee in Installments (Off		on, sign and attach the Application for Individ	duals to Pay
		-	,	,	n only if you are filing for Chapter 7. By law,	a iudge mav.
		but is not red	quired to, waive your f	ee, and may do so only if yo	our income is less than 150% of the official portion installments). If you choose this option, you	overty line that
					cial Form 103B) and file it with your petition.	i must mii out
9.	Have you filed for bankruptcy within the	■ No.				
	last 8 years?	☐ Yes.				
		District		When	Case number	
		District		When	Case number	
		District		When	Case number	
10.	Are any bankruptcy	■ No				
	cases pending or being filed by a spouse who is	☐ Yes.				
	not filing this case with you, or by a business					
	partner, or by an					
	affiliate?	Dobtor			Deletionship to you	
		Debtor District		When	Relationship to you Case number, if known	
		Debtor	-	WIICH	Relationship to you	
		District		When	Case number, if known	
						
11.		■ No. Go to	line 12.			
	residence?	☐ Yes. Has y	our landlord obtained	an eviction judgment agains	st you?	
			No. Go to line 12.			
			Yes. Fill out <i>Initial</i> S this bankruptcy peti		Judgment Against You (Form 101A) and file	it as part of
			,			

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Debtor 1 William Scerini

Deb	tor 2 Angela Scerini				Case number (if known)
Par	Report About Any Bu	sinesses	You Own	as a Sole Proprie	tor
12.	Are you a sole proprietor of any full- or part-time business?	■ No.		Part 4.	
		☐ Yes.	Name	and location of bus	siness
	A sole proprietorship is a				
	business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.			of business, if any	
	If you have more than one sole proprietorship, use a separate sheet and attach		Numb	er, Street, City, Sta	te & ZIP Code
	it to this petition.		Chec	k the appropriate bo	ox to describe your business:
				Health Care Busin	ness (as defined in 11 U.S.C. § 101(27A))
				Single Asset Real	I Estate (as defined in 11 U.S.C. § 101(51B))
				Stockbroker (as d	defined in 11 U.S.C. § 101(53A))
				Commodity Broke	er (as defined in 11 U.S.C. § 101(6))
				None of the above	e
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow in 11 U.S.C. 1116(1)(B).		a small business debtor, you must attach your most recent balance sheet, statement of
	For a definition of small	■ No.	I am r	ot filing under Char	oter 11.
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am f Code		11, but I am NOT a small business debtor according to the definition in the Bankruptcy
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or An	y Property That Needs Immediate Attention
14.	Do you own or have any property that poses or is	■ No.			
	alleged to pose a threat	☐ Yes.			
	of imminent and identifiable hazard to public health or safety?		What is	the hazard?	
	Or do you own any property that needs immediate attention?			liate attention is why is it needed?	
	For example, do you own				
	perishable goods, or livestock that must be fed, or a building that needs		Where is	s the property?	
	urgent repairs?				Number, Street, City, State & Zip Code

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William Scerini Angela Scerini	Case number (if known)	
7 Higola Goornii		

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

□ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-03072 Doc 1 Filed 02/02/18 Entered 02/02/18 15:02:22 Desc Main Document Page 6 of 51

	otor 2 Angela Scerini			Case nu	mber (if known)		
Par	t 6: Answer These Quest	ions for Re	porting Purposes				
16.	What kind of debts do you have?		Are your debts primarily consulting individual primarily for a personal,		defined in 11 U.S.C. § 101(8) as "incurred by an		
			☐ No. Go to line 16b.				
			Yes. Go to line 17.				
			Are your debts primarily business debts? <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.				
			☐ No. Go to line 16c.				
			☐ Yes. Go to line 17.				
		16c.	State the type of debts you owe th	nat are not consumer debts or bus	siness debts		
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. G	o to line 18.			
Do you estimate that after any exempt property is excluded and			I am filing under Chapter 7. Do yo are paid that funds will be availab		property is excluded and administrative expenses tors?		
	administrative expenses are paid that funds will		■ No				
	be available for distribution to unsecured creditors?		☐ Yes				
18.	How many Creditors do	1 -49		1 ,000-5,000	2 5,001-50,000		
	you estimate that you owe?	□ 50-99		☐ 5001-10,000	☐ 50,001-100,000		
		☐ 100-19 ☐ 200-99		□ 10,001-25,000	☐ More than100,000		
19.	How much do you	□ \$0 - \$5	0,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your assets to be worth?		1 - \$100,000	\$10,000,001 - \$50 million	□ \$1,000,000,001 - \$10 billion		
			01 - \$500,000 01 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion		
20.	How much do you	□ \$0 - \$5	0,000	☐ \$1,000,001 - \$10 million	☐ \$500,000,001 - \$1 billion		
	estimate your liabilities to be?	_ ` `	01 - \$100,000	□ \$10,000,001 - \$50 million	\$1,000,000,001 - \$10 billion		
			01 - \$500,000 01 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million	☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion		
Par	7: Sign Below						
For	you	I have exa	mined this petition, and I declare	under penalty of perjury that the in	nformation provided is true and correct.		
					ible, under Chapter 7, 11,12, or 13 of title 11, I I choose to proceed under Chapter 7.		
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me document, I have obtained and read the notice required by 11 U.S.C. § 342(b).							
	I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						
			y case can result in fines up to \$29		ney or property by fraud in connection with a 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519,		
			m Scerini	/s/ Angela S			
		William Signature	Scerini of Debtor 1	Angela Scer Signature of D			
		Executed	on February 2, 2018	Executed on	February 2, 2018		
			MM / DD / YYYY		MM / DD / YYYY		

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Debtor 1 William Scerini	Document Page 7 of 51					
Debtor 1 William Scerini Debtor 2 Angela Scerini		Cas	Case number (if known)			
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or 13 of title 11, Unit	ed States Code, and have e	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter debtor(s) the notice required by 11 U.S.C. § 342(b)			
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies schedules filed with the petition is incorrect.	s, certify that I have no know	vledge after an inquiry that the information in the			
	/s/ C. David Ward	Date	February 2, 2018			
	Signature of Attorney for Debtor		MM / DD / YYYY			
	C. David Ward Printed name					
	C. David Ward					
	1234 Douglas Road					
	Oswego, IL 60543					
	Number, Street, City, State & ZIP Code					
	Contact phone 630-554-3065	Email address	cdward1945@yahoo.com			

2938065 Illinois IL Bar number & State Case 18-03072 Doc 1 Filed 02/02/18 Entered 02/02/18 15:02:22 Desc Main

		Docume	ent Page 8 of 51	<u> </u>	1
Fill in this infor	mation to identify your	case:			
Debtor 1	William Scerini				
	First Name	Middle Name	Last Name		
Debtor 2	Angela Scerini				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number (if known)					☐ Check if this is an
, - ,					amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

		Your a	ssets
		Value	of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	52,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	21,724.14
	1c. Copy line 63, Total of all property on Schedule A/B	\$	73,724.14
Paı	t 2: Summarize Your Liabilities		
			iabilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	64,824.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	50,569.9
	Your total liabilities	\$	115,393.94
Pai	rt 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	3,426.99
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	3,424.00
Pai	Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	r other sc	hedules.
7.	■ Yes What kind of debt do you have?		
	Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a bousehold purposes," 11 LLS C & 101(8). Fill out lines 8-9g for statistical purposes, 28 LLS C & 159		

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

page 1 of 2

the court with your other schedules.

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		Document	Page 9 of 51	
	William Scerini		g	
Debtor 2	Angela Scerini		Case number (if known)	

8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR , Form 122B Line 11; OR , Form 122C-1 Line 14.	\$	4,644.20
		-	

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

5 5 4 64 44 5/5 44 4 11 1	Tot	al claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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Fill	in this ir	nformation to identify y	our case and t			1 // (// .//				
Deb	tor 1	William Scerir	i							
		First Name		le Name		Last Name				
	otor 2	Angela Scerin								
(Spoi	use, if filing)	First Name		le Name		Last Name				
Unit	ed State	s Bankruptcy Court for th	e: NORTHE	RN DIST	RICT OF ILLIN	IOIS				
Cas	e numbe	er				-				eck if this is an nended filing
Sc	hed	Form 106A/B ule A/B: Pro	<u> </u>							12/15
hink nfori	it fits bes mation. If	st. Be as complete and ac	curate as possib	le. If two	married people	n asset fits in more than one are filing together, both are e top of any additional pages,	equally respons	ible for sup	plying c	orrect
Part	1: Desc	cribe Each Residence, Buil	ding, Land, or O	ther Real	Estate You Ow	n or Have an Interest In				
1. D o	you owr	n or have any legal or equi	table interest in	any reside	ence, building,	land, or similar property?				
П	No. Go to	n Part 2								
	Ves Wh	nere is the property?								
	103. WI	icie is the property:								
1.1				What	is the property	? Check all that apply				
	707 CI	hestnut St.		_	Single-family h		Do not deduct s	secured clai	me or ev	emptions Put
	Street add	dress, if available, or other descri	otion		Duplex or mult		the amount of a	ny secured	claims o	n Schedule D:
					-	or cooperative	Creditors Who	Have Claim	is Secure	d by Property.
	011	_	04050 0000			or mobile home	Current value	of the	Curren	t value of the
	Ottawa		61350-0000	- 📙	Land		entire property		portion	you own?
	City	State	ZIP Code		Investment pro Timeshare	operty		00.00		\$52,000.00
					Other		Describe the n			rship interest he entireties, or
				Who	has an interest	in the property? Check one	a life estate), i		iloy by ti	ne chineties, or
					Debtor 1 only					
	La Sal	le		_	Debtor 2 only					
	County				Debtor 1 and I		☐ Check if t	his is comi	nunity p	roperty
						the debtors and another	(see instruct		. , ,	,
					information your information you information you	ou wish to add about this item on number:	ı, such as local			
2.	Add the	dollar value of the port	ion you own fo	or all of y	our entries f	rom Part 1, including any	entries for			

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

pages you have attached for Part 1. Write that number here......=>

Official Form 106A/B Schedule A/B: Property page 1

Part 2: Describe Your Vehicles

\$52,000.00

Entered 02/02/18 15:02:22 Case 18-03072 Doc 1 Filed 02/02/18 Desc Main Document Page 11 of 51 Debtor 1 William Scerini Debtor 2 Angela Scerini Case number (if known) 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes Do not deduct secured claims or exemptions. Put Dodge 3.1 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Calliber Creditors Who Have Claims Secured by Property. Model: Debtor 1 only 2010 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: ■ Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$2,450.00 \$2,450,00 ☐ Check if this is community property (see instructions) Do not deduct secured claims or exemptions. Put Ford 3.2 Make: Who has an interest in the property? Check one the amount of any secured claims on Schedule D: Mustang Debtor 1 only Model: Creditors Who Have Claims Secured by Property. 2008 Year: Debtor 2 only Current value of the Current value of the Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: ☐ At least one of the debtors and another \$3,450.00 \$3,450.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$5,900.00 pages you have attached for Part 2. Write that number here......>> Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... \$1,105.00

Household goods and furnishings.

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

□ No

Yes. Describe.....

2 tvs and 2 tablets

8. Collectibles of value

Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

■ No

\$80.00

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Debtor 1 Debtor 2	William Scerini Angela Scerini	Document 1	Case number	(if known)
☐ Yes.	Describe			
Example ■ No	nent for sports and hobbies les: Sports, photographic, exercise, and musical instruments Describe	other hobby equipment; bic	ycles, pool tables, golf clubs, skis;	; canoes and kayaks; carpentry tools;
□ No	ms ples: Pistols, rifles, shotguns, ammunitio Describe	n, and related equipment		
	1 rifle			\$200.00
■ No □ Yes. 12. Jewelr Exam ■ No □ Yes. 13. Non-fa Exam ■ No □ Yes. 14. Any of □ No □ Yes.	ples: Everyday clothes, furs, leather coa Describe	engagement rings, weddin u did not already list, incl	g rings, heirloom jewelry, watches luding any health aids you did n	oot list
	escribe Your Financial Assets wn or have any legal or equitable inter	est in any of the following	3 ?	Current value of the portion you own? Do not deduct secured claims or exemptions.
☐ No	ples: Money you have in your wallet, in y			our petition
			Cash	\$50.00
	cits of money ples: Checking, savings, or other financi- institutions. If you have multiple ac			okerage houses, and other similar
		Institution nan	ne:	
	17.1. Credit Uni	on Financial P	lus Credit Union	\$900.00

Official Form 106A/B Schedule A/B: Property page 3

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Debto	r 2 Angela So	erini		Case number (if known)	
		17.2. Cre	dit Union	Financial Plus Credit Union	\$496.93
_E:	•			erage firms, money market accounts	
■ I	No Yes	Instit	ution or issuer na	ame:	
jo _	int venture	stock and intere	ests in incorpor	ated and unincorporated businesses, including an interes	t in an LLC, partnership, and
■ i	No Yes. Give specific	information about	them		
		Name of	entity:	% of ownership:	
N	egotiable instrume	<i>nt</i> s include persor	nal checks, cashi	able and non-negotiable instruments iers' checks, promissory notes, and money orders. sfer to someone by signing or delivering them.	
■ ı	No Yes. Give specific i	information about	them		
_	res. Give specific	Issuer na			
E:	No ,	in IRA, ERISA, K	eogh, 401(k), 403	3(b), thrift savings accounts, or other pension or profit-sharing	plans
•	Yes. List each acco	ount separately. Type of acc	ount:	Institution name:	
		401(k)		Daily News-Tribune 401K Plan	\$12,992.21
<i>E</i> : ■ !	xamples: Agreeme			hat you may continue service or use from a company ublic utilities (electric, gas, water), telecommunications compar Institution name or individual:	nies, or others
23. A n	nnuities (A contrac	et for a periodic pa	yment of money	to you, either for life or for a number of years)	
■ ı	No Yes	Issuer name and	description.		
	U.S.C. §§ 530(b)(1			alified ABLE program, or under a qualified state tuition pro	ogram.
•	Yes	Institution name	and description.	Separately file the records of any interests.11 U.S.C. § 521(c)	
= 1	No .		, .	ner than anything listed in line 1), and rights or powers exe	ercisable for your benefit
	Yes. Give specific				
	xamples: Internet o			other intellectual property s from royalties and licensing agreements	
□ `	Yes. Give specific	information about	them		
				rative association holdings, liquor licenses, professional licens	es
□ `	Yes. Give specific	information about	them		
Mone	y or property owe	ed to you?			Current value of the portion you own? Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 4

Debtor 1

	Case 18-03072	Doc 1	Filed 02/02/18 Document	Entered 02/02/18 15:02:22 Page 14 of 51	Desc Main
Debtor 1 Debtor 2	William Scerini Angela Scerini		Document	Case number (if known)	
20010. 2	Aligeia occilii				claims or exemptions.
00. Tax not	in a de anno d'es mon				ciains of exemptions.
■ No	unds owed to you		lo dia a cola atta a constanti	ad. Glad the waterway and the tarring	
⊔ Yes.	Give specific information an	out them, inc	luding whether you aire	ady filed the returns and the tax years	
■ No		7. 1	isal support, child suppo	ort, maintenance, divorce settlement, property	/ settlement
Examp ■ No	benefits; unpaid loans	ty insurance p		efits, sick pay, vacation pay, workers' compe	ensation, Social Security
☐ Yes.	Give specific information				
	ts in insurance policies ples: Health, disability, or life	e insurance; h	ealth savings account (HSA); credit, homeowner's, or renter's insura	nce
	Name the insurance compa Comp	any of each popany name:	olicy and list its value.	Beneficiary:	Surrender or refund
				·	value:
		n life insura cash value.	ince through emplo	yer.	value: \$0.00
If you a someo	No conterest in property that is d	ue you from	someone who has die	<u> </u>	\$0.00
If you a someo ■ No □ Yes. 33. Claims Examp	terest in property that is deare the beneficiary of a living one has died. Give specific information	lue you from g trust, expect	someone who has die t proceeds from a life in rou have filed a lawsu	ed surance policy, or are currently entitled to rec	\$0.00
If you a someo ■ No □ Yes. 33. Claims Examp ■ No	terest in property that is deare the beneficiary of a living one has died. Give specific information	lue you from g trust, expect	someone who has die t proceeds from a life in rou have filed a lawsui	ed surance policy, or are currently entitled to rec	\$0.00
If you a someo ■ No □ Yes. 33. Claims Examp ■ No □ Yes. 34. Other of	terest in property that is deare the beneficiary of a living one has died. Give specific information against third parties, when the oldes: Accidents, employment of the property of the	lue you from g trust, expect ether or not y	someone who has die t proceeds from a life in rou have filed a lawsui surance claims, or rights	ed surance policy, or are currently entitled to rec	\$0.00 reive property because
If you a someo ■ No □ Yes. 33. Claims Examp ■ No □ Yes. 34. Other of	terest in property that is deare the beneficiary of a living one has died. Give specific information against third parties, when the oldes: Accidents, employment of the property of the	lue you from g trust, expect ether or not y	someone who has die t proceeds from a life in rou have filed a lawsui surance claims, or rights	surance policy, or are currently entitled to rec	\$0.00 reive property because
If you a someo No Yes. 33. Claims Examp No Yes. 34. Other of No Yes. 35. Any fin	terest in property that is deare the beneficiary of a living one has died. Give specific information against third parties, when the bles: Accidents, employment of the bles of the b	lue you from g trust, expect ether or not y t disputes, ins	someone who has die t proceeds from a life in rou have filed a lawsui surance claims, or rights	surance policy, or are currently entitled to rec	\$0.00 reive property because
If you a someo No Yes. 33. Claims Examp No Yes. 34. Other of No Yes. 35. Any fin	terest in property that is deare the beneficiary of a living one has died. Give specific information against third parties, when the bles: Accidents, employment and unliquidate contingent and unliquidate deared claim	lue you from g trust, expect ether or not y t disputes, ins	someone who has die t proceeds from a life in rou have filed a lawsui surance claims, or rights	surance policy, or are currently entitled to rec	\$0.00 reive property because
If you a someo No Yes. 33. Claims Examp No Yes. 34. Other of No Yes. 35. Any fin	terest in property that is deare the beneficiary of a living one has died. Give specific information against third parties, when the bles: Accidents, employment and unliquidate contingent and unliquidate. Describe each claim	lue you from g trust, expect ether or not y t disputes, ins	someone who has die t proceeds from a life in rou have filed a lawsui surance claims, or rights	surance policy, or are currently entitled to rec	\$0.00 reive property because
If you a someo No Yes. 33. Claims Examp No Yes. 34. Other of No Yes. 35. Any fin No Yes. 36. Add to	terest in property that is departed the beneficiary of a living one has died. Give specific information against third parties, where the beneficiary of a living one has died. Give specific information Describe each claim contingent and unliquidated the died of the properties of t	eash value. Jue you from g trust, expected ther or not yet disputes, insected claims of already list	someone who has die to proceeds from a life in rou have filed a lawsurance claims, or rights every nature, including an every nature.	surance policy, or are currently entitled to rec	\$0.00 reive property because

Official Form 106A/B Schedule A/B: Property page 5

■ No. Go to Part 6.

□ Yes. Go to line 38.

 $37.\,$ Do you own or have any legal or equitable interest in any business-related property?

Case 18-03072 Doc 1 Filed 02/02/18 Entered 02/02/18 15:02:22 Desc Main Page 15 of 51 Document William Scerini Debtor 1 Debtor 2 Angela Scerini Case number (if known) Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ No Yes. Give specific information....... Values listed on schedule B are the debtor's/debtors' best estimate of \$0.00 fair market value in a liquidation sale. 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$52,000.00 Part 2: Total vehicles, line 5 \$5,900.00 57. Part 3: Total personal and household items, line 15 \$1,385.00 Part 4: Total financial assets, line 36 \$14,439.14 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 60. \$0.00 Part 7: Total other property not listed, line 54 61. \$0.00 Total personal property. Add lines 56 through 61... \$21,724.14 Copy personal property total \$21,724.14

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$73,724.14

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		I A A A HI III		
Fill in this infor	mation to identify your	case:		
Debtor 1	William Scerini			
	First Name	Middle Name	Last Name	
Debtor 2	Angela Scerini			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1: Ide	entify the Pro	perty You C	laim as Exempt
-------------	----------------	-------------	----------------

1.	Which set of exem	ptions are you cla	iming? Check one	only, even if your s	pouse is filing with you.
----	-------------------	--------------------	------------------	----------------------	---------------------------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.	
707 Chestnut St. Ottawa, IL 61350 La Salle County	\$52,000.00		\$216.00	735 ILCS 5/12-906
Line from Schedule A/B: 1.1			100% of fair market value, up to any applicable statutory limit	
Household goods and furnishings.	\$1,105.00		\$1,105.00	735 ILCS 5/12-1001(b)
Ellie Holli Schedule A/B. G. I			100% of fair market value, up to any applicable statutory limit	
2 tvs and 2 tablets Line from Schedule A/B: 7.1	\$80.00		\$80.00	735 ILCS 5/12-1001(b)
Line nom Schedule A.B. TT			100% of fair market value, up to any applicable statutory limit	
1 rifle Line from Schedule A/B: 10.1	\$200.00		\$200.00	735 ILCS 5/12-1001(b)
Ellie Holli Schedule A/B. 10.1			100% of fair market value, up to any applicable statutory limit	
Cash Line from Schedule A/B: 16.1	\$50.00		\$50.00	735 ILCS 5/12-1001(b)
Ellic Holli Sorieddie Arb. 19.1			100% of fair market value, up to any applicable statutory limit	

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Angela Scerini Debtor 2 Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Credit Union: Financial Plus Credit** 735 ILCS 5/12-1001(b) \$900.00 \$900.00 Union 100% of fair market value, up to Line from Schedule A/B: 17.1 any applicable statutory limit **Credit Union: Financial Plus Credit** 735 ILCS 5/12-1001(b) \$496.93 \$496.93 Union 100% of fair market value, up to Line from Schedule A/B: 17.2 any applicable statutory limit 401(k): Daily News-Tribune 401K 735 ILCS 5/12-1006 \$12,992.21 \$12,992.21 Plan Line from Schedule A/B: 21.1 100% of fair market value, up to any applicable statutory limit 3. Are you claiming a homestead exemption of more than \$160,375? (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case? No Yes

Debtor 1

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		Document Pag	<u>e 18 of 51</u>		
Fill in this inforr	mation to identify you	ır case:			
Debtor 1	William Scerini				
Deptor 1	First Name	Middle Name Last Na	ıme	_	
Debtor 2	Angela Scerini				
(Spouse if, filing)	First Name	Middle Name Last Na	ime	_	
Heiter Oteres De		NODTHERN DISTRICT OF ILLINOIS			
United States Ba	nkruptcy Court for the:	NORTHERN DISTRICT OF ILLINOIS		_	
Case number					
(if known)				☐ Check	if this is an
				amen	ded filing
Official Forn	<u>n 106D</u>				
Schedule	D: Creditors	Who Have Claims Secu	ired by Proper	rtv	12/15
	<u> </u>	· · · · · · · · · · · · · · · · · · ·		•9	
		If two married people are filing together, both			
number (if known).		out, number the entries, and attach it to this fo	orm. On the top of any addit	nonai pages, write your na	ime and case
1. Do any creditors	have claims secured by	y your property?			
	•	his form to the court with your other schedu	les. You have nothing else	e to report on this form	
_		•	ics. Tod flave flottling cis	e to report on this form.	
■ Yes. Fill in	all of the information	below.			
Part 1: List A	II Secured Claims				
		more than one secured claim, list the creditor sep		Column B	Column C
		s a particular claim, list the other creditors in Part cal order according to the creditor's name.	2. As Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
much as possible, i	ist the claims in alphabeti	cal order according to the creditor's name.	value of collateral.	• •	If any
2.1 Citizens E	Bank	Describe the property that secures the claim	n: \$7,591.00	\$2,450.00	\$5,141.00
Creditor's Nam	e	2010 Dodge Calliber			
	: ROP-15B	As of the date you file, the claim is: Check all	that		
1 Citizens		apply.	u loc		
Riverside	, RI 02940	☐ Contingent			
Number, Street	t, City, State & Zip Code	Unliquidated			
		☐ Disputed			
Who owes the de	ebt? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage	e or secured		
Debtor 2 only		car loan)			
■ Debtor 1 and De	ebtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)		
☐ At least one of t	he debtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this cl		Other (including a right to offset)			
community de	ebt				
	Opened				
	11/15 Last				
	Active				
Date debt was inc	urred <u>5/04/17</u>	Last 4 digits of account number	997		
2.2 Financial	Plus Cu	Describe the property that secures the claim	n: \$51,784.00	\$52,000.00	\$0.00
Creditor's Nam	е	707 Chestnut St. Ottawa, IL 61350			
		La Salle County			
		As of the date you file, the claim is: Check all	that		
800 Ches		apply.	uiai		
Ottawa, II	_ 61350	☐ Contingent			
Number, Street	t, City, State & Zip Code	Unliquidated			
	140 00 0	Disputed			
Who owes the de	ept? Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		An agreement you made (such as mortgage	e or secured		
Debtor 2 only		car loan)			
Debtor 1 and De	•	Statutory lien (such as tax lien, mechanic's	lien)		
☐ At least one of t	he debtors and another	☐ Judgment lien from a lawsuit			

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Debtor 1	William Scerin	ni		Case number (if know)		
	First Name	Middle Na	me Last Name	-		
	Angela Scerini First Name	Middle Na	me Last Name			
			_			
	f this claim relates inity debt	to a	Other (including a right to offset)			
Commu	inity debt					
		ened				
		09 Last tive				
Date debt w		22/17	Last 4 digits of account number 833	31		
	ncial Plus Cu		Describe the property that secures the claim:	\$3,462.00	\$3,450.00	\$12.00
Credito	or's Name		2008 Ford Mustang			
800	Chestnut St		As of the date you file, the claim is: Check all tha	t		
Otta	wa, IL 61350		apply. Contingent			
Numbe	er, Street, City, State &	Zip Code	■ Unliquidated			
		·	☐ Disputed			
Who owes	the debt? Check	one.	Nature of lien. Check all that apply.			
Debtor 1	only		An agreement you made (such as mortgage o	r secured		
Debtor 2	•		car loan)			
	and Debtor 2 only		Statutory lien (such as tax lien, mechanic's lier	٦)		
_	one of the debtors a f this claim relates		☐ Judgment lien from a lawsuit☐ Other (including a right to offset)			
	inity debt	ю а	Other (including a right to onset)			
	On	ened				
		15 Last				
		tive				
Date debt w	Act		Last 4 digits of account number 812	20		
	Act vas incurred 12/	tive	Last 4 digits of account number B12 Describe the property that secures the claim:		\$0.00	\$1,985.00
2.4 Fina	Act	tive		\$1,985.00	\$0.00	\$1,985.00
2.4 Fina	vas incurred 12/	tive	Describe the property that secures the claim:		\$0.00	\$1,985.00
2.4 Fina Credito	vas incurred 12/ incial Plus Cu or's Name	tive	Describe the property that secures the claim:	\$1,985.00	\$0.00	\$1,985.00
2.4 Fina Credito	Activas incurred 12/2 Incial Plus Cu or's Name Chestnut St	tive	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply.	\$1,985.00	\$0.00	\$1,985.00
2.4 Fina Credito	Activas incurred 12/2 Incial Plus Cu or's Name Chestnut St wa, IL 61350	tive 23/17	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent	\$1,985.00	\$0.00	\$1,985.00
2.4 Fina Credito	Activas incurred 12/2 Incial Plus Cu or's Name Chestnut St	tive 23/17	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated	\$1,985.00	\$0.00	\$1,985.00
2.4 Fina Credito 800 Otta	Activas incurred 12/2 Incial Plus Cu or's Name Chestnut St wa, IL 61350	zip Code	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent	\$1,985.00	\$0.00	\$1,985.00
2.4 Fina Credito 800 Otta	Activas incurred 12/3 Incial Plus Cu or's Name Chestnut St owa, IL 61350 er, Street, City, State &	zip Code	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed	\$1,985.00	\$0.00	\$1,985.00
2.4 Fina Credito 800 Otta Numbe	Activas incurred 12/2 Incial Plus Cu or's Name Chestnut St twa, IL 61350 er, Street, City, State & conly	zip Code	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply.	\$1,985.00	\$0.00	\$1,985.00
2.4 Fina Credito 800 Otta Numbe Who owes Debtor 1 Debtor 2 Debtor 1	Activas incurred 12/2 Incial Plus Cu or's Name Chestnut St wa, IL 61350 er, Street, City, State & only conly conly and Debtor 2 only	Zip Code one.	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage of the claim is: Check all that apply.	\$1,985.00 t	\$0.00	\$1,985.00
2.4 Fina Credito 800 Otta Numbe Who owes Debtor 1 Debtor 2 Debtor 1 At least of	Activas incurred 12/3 Incial Plus Cu	zip Code one.	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage of car loan) Statutory lien (such as tax lien, mechanic's lier Judgment lien from a lawsuit	\$1,985.00 t	\$0.00 _	\$1,985.00
2.4 Fina Credito 800 Otta Numbe Who owes Debtor 1 Debtor 2 Debtor 1 At least 0 Check if	Activas incurred 12/2 Incial Plus Cu or's Name Chestnut St wa, IL 61350 er, Street, City, State & only conly conly and Debtor 2 only	zip Code one.	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage of car loan) Statutory lien (such as tax lien, mechanic's lier)	\$1,985.00 t	\$0.00	\$1,985.00
2.4 Fina Credito 800 Otta Numbe Who owes Debtor 1 Debtor 2 Debtor 1 At least 0 Check if	Activas incurred 12/2 Incial Plus Cu or's Name Chestnut St twa, IL 61350 ar, Street, City, State & only only only and Debtor 2 only one of the debtors a f this claim relates unity debt	Zip Code one.	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage of car loan) Statutory lien (such as tax lien, mechanic's lier Judgment lien from a lawsuit	\$1,985.00 t	\$0.00	\$1,985.00
2.4 Fina Credito 800 Otta Numbe Who owes Debtor 1 Debtor 2 Debtor 1 At least 0 Check if	Activas incurred 12/2 Incial Plus Cu or's Name Chestnut St twa, IL 61350 ar, Street, City, State & only one of the debtors a f this claim relates unity debt Ope	Zip Code one. and another to a ened	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage of car loan) Statutory lien (such as tax lien, mechanic's lier Judgment lien from a lawsuit	\$1,985.00 t	\$0.00	\$1,985.00
2.4 Fina Credito 800 Otta Numbe Who owes Debtor 1 Debtor 2 Debtor 1 At least 0 Check if	Activas incurred 12/2 Incial Plus Cu or's Name Chestnut St Iwa, IL 61350 ar, Street, City, State & only one of the debtors a f this claim relates unity debt Opto	Zip Code one.	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage of car loan) Statutory lien (such as tax lien, mechanic's lier) Judgment lien from a lawsuit Other (including a right to offset)	\$1,985.00 r secured	\$0.00	\$1,985.00
2.4 Fina Credito 800 Otta Numbe Who owes Debtor 1 Debtor 2 Debtor 1 At least of communications	Activas incurred 12/2 Incial Plus Cu or's Name Chestnut St Iwa, IL 61350 ar, Street, City, State & only one of the debtors a f this claim relates unity debt Opto	Zip Code one. and another to a ened 98 Last	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage of car loan) Statutory lien (such as tax lien, mechanic's lier Judgment lien from a lawsuit	\$1,985.00 r secured	\$0.00	\$1,985.00
2.4 Fina Credito 800 Otta Numbe Who owes Debtor 1 Debtor 2 Debtor 1 At least 0 Check if commu	Activas incurred 12/2 Incial Plus Cu	Zip Code one. and another to a ened 98 Last tive	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage of car loan) Statutory lien (such as tax lien, mechanic's lier Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number	\$1,985.00 r secured n)		
2.4 Fina Credito 800 Otta Number Who owes Debtor 1 Debtor 2 Debtor 1 At least 0 Check if commu	Activas incurred 12/2 Incial Plus Cu	Zip Code one. and another to a ened 98 Last tive	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage of car loan) Statutory lien (such as tax lien, mechanic's lier Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number 837	\$1,985.00 r secured	\$0.00	\$1,985.00
2.4 Fina Credito 800 Otta Number Who owes Debtor 1 Debtor 2 Debtor 1 At least 0 Check if commu	Activas incurred 12/2 Incial Plus Cu	Zip Code one. and another to a ened 98 Last tive	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage of car loan) Statutory lien (such as tax lien, mechanic's lier Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number	\$1,985.00 r secured n)		
2.4 Fina Credito 800 Otta Number Who owes Debtor 1 Debtor 2 Debtor 1 At least 0 Check if commu	Activas incurred 12/2 Incial Plus Cu	Zip Code one. and another to a ened 98 Last tive	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage of car loan) Statutory lien (such as tax lien, mechanic's lier Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number 837 Describe the property that secures the claim: Credit Card	\$1,985.00 r secured n) 70 \$2.00		
2.4 Fina Credito 800 Otta Numbe Who owes Debtor 1 Debtor 2 Debtor 1 Check if commu	Activas incurred 12/2 Incial Plus Cu	Zip Code one. and another to a ened 98 Last tive	Describe the property that secures the claim: Credit Card As of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed Nature of lien. Check all that apply. An agreement you made (such as mortgage of car loan) Statutory lien (such as tax lien, mechanic's lier Judgment lien from a lawsuit Other (including a right to offset) Last 4 digits of account number 837	\$1,985.00 r secured n) 70 \$2.00		

Official Form 106D

Additional Page of Schedule D: Creditors Who Have Claims Secured by Property

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Debtor 1	William So	erini			С	ase number (if know)			
	First Name	Middle N	ame	Last Name					
Debtor 2	Angela Sc	erini							
	First Name	Middle N	ame	Last Name					
Num	ber, Street, City, S	tate & Zip Code	Unliquidated						
Who owe	s the debt? C	heck one.	Disputed Nature of lien.	Check all that apply.					
■ Debtor □ Debtor	,		An agreeme car loan)	nt you made (such as morto	gage or secu	red			
_	1 and Debtor 2	only	☐ Statutory lier	n (such as tax lien, mechani	ic's lien)				
_		tors and another	☐ Judgment lien from a lawsuit						
	if this claim re nunity debt	lates to a	Other (include	ling a right to offset)					
Date debt	was incurred	Opened 07/15 Last Active 12/15/17	last 4 d	igits of account number	8170				
Date debt	was iliculted	12/13/17		igits of account number					
Add the	dollar value of	vour entries in C	olumn A on this	page. Write that number h	nere:	\$64,824.0	20		
If this is		of your form, add		otals from all pages.	10.0.	\$64,824.0			

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

	Case 10-03072 L	Document	Page 21 of 51	Desc Main
Fill in this in	nformation to identify your o			
Debtor 1	William Scerini			
Dobtor 1	First Name	Middle Name	Last Name	
Debtor 2	Angela Scerini			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United State	s Bankruptcy Court for the:	NORTHERN DISTRICT OF	ILLINOIS	
Case number	er			
(if known)			1	☐ Check if this is an
				amended filing
Official F	orm 106E/F			
		ho Have Unsecure	d Claims	12/15
			RITY claims and Part 2 for creditors with NONPRIORIT	
Schedule D: C left. Attach the name and cas	reditors Who Have Claims Sect e Continuation Page to this pag e number (if known).	ured by Property. If more space e. If you have no information to). Do not include any creditors with partially secured c is needed, copy the Part you need, fill it out, number the report in a Part, do not file that Part. On the top of any	ne entries in the boxes on the
	ist All of Your PRIORITY Un			
′	reditors have priority unsecured	d claims against you?		
	o to Part 2.			
☐ Yes.				
Part 2:	ist All of Your NONPRIORIT	Y Unsecured Claims		
3. Do any c	reditors have nonpriority unsec	ured claims against you?		
☐ No. Yo	ou have nothing to report in this pa	art. Submit this form to the court w	ith your other schedules.	
Yes.				
unsecure	d claim, list the creditor separately	for each claim. For each claim lis	f the creditor who holds each claim. If a creditor has mo ted, identify what type of claim it is. Do not list claims alrea on have more than three nonpriority unsecured claims fill or	dy included in Part 1. If more
				Total claim
4.1 Ass	sociated Anesthesiologis	Last 4 digits of a	account number	\$439.00
860	oriority Creditor's Name O N. State Route 91, Ste Bria, IL 61615	250 When was the do	ebt incurred?	
	ber Street City State Zlp Code	As of the date yo	ou file, the claim is: Check all that apply	
Who	incurred the debt? Check one.			
	ebtor 1 only	☐ Contingent		
	ebtor 2 only	Unliquidated		
■ D	ebtor 1 and Debtor 2 only	☐ Disputed		
ПА	t least one of the debtors and and	other Type of NONPRI	ORITY unsecured claim:	
Пα	heck if this claim is for a comm	nunity		
debt			ising out of a separation agreement or divorce that you did	not
_	e claim subject to offset?	report as priority o		
■ N			ion or profit-sharing plans, and other similar debts	
ΠY	es	Other. Specify	unsecured credit	

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Debto	r 2 Angela Scerini		Case number (if know)	
4.2	Capital One / Menard Nonpriority Creditor's Name	Last 4 digits of account number	0695	\$297.00
	Attn: General Corresp/Bankruptcy Po Box 30285 Salt Lake City, UT 84130	When was the debt incurred?	Opened 04/14 Last Active 12/20/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	☐ Obligations arising out of a sepa report as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify Charge Acc	count	
4.3	Central Illinois Radiological Assoc	Last 4 digits of account number		\$629.00
	Nonpriority Creditor's Name 44000 Garfield Rd.	When was the debt incurred?		
	Clinton Township, MI 48038 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim i	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	■ Unliquidated		
	Debtor 1 and Debtor 2 only	<u> </u>		
		☐ Disputed Type of NONPRIORITY unsecured	d claim:	
	At least one of the debtors and another	☐ Student loans		
	☐ Check if this claim is for a community debt	_	ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	autorial autorial and the second and	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	Yes	Other. Specify unsecured	credit	
4.4	City of LaSalle	Last 4 digits of account number		\$790.00
	Nonpriority Creditor's Name PO Box 2355	When was the debt incurred?		
	Schiller Park, IL 60176-2355 Number Street City State Zlp Code	As of the date you file, the claim i	s: Check all that apply	
	Who incurred the debt? Check one.	• ,	,	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		ration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharin	a plans, and other similar debte	
	■ No			
	☐ Yes	Other. Specify unsecured	creait	

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Debtor Debtor	1 William Scerini 2 Angela Scerini		Case number (if know)	
4.5	Collection Prof/lasalle Nonpriority Creditor's Name	Last 4 digits of account number	4760	\$5,828.36
	Po Box 416 La Salle, IL 61301	When was the debt incurred?	Opened 09/17 Last Active 11/27/17	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Cneck all that apply	
	■ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	☐ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	ng plans, and other similar debts	
	Yes	Other. Specify Hospital	Attorney II Valley Community	
4.6	Habecker and Morris LLC Nonpriority Creditor's Name	Last 4 digits of account number		\$12,406.62
	456 Fulton St., Ste 398 Peoria, IL 61602	When was the debt incurred?		
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	is: Check all that apply	
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	aration agreement or divorce that you did not	
	■ No	☐ Debts to pension or profit-sharing	ng plans, and other similar debts	
	☐ Yes	Other. Specify case number	for OSF Healthcare System er 17 LM 1011	
4.7	IVCH Nonpriority Creditor's Name	Last 4 digits of account number		\$5,828.36
	925 West St. Peru. IL 61354-2799	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim	is: Check all that apply	
	Who incurred the debt? Check one.			
	☐ Debtor 1 only	☐ Contingent		
	☐ Debtor 2 only	Unliquidated		
	■ Debtor 1 and Debtor 2 only	☐ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecure	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt		aration agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims		
	No	☐ Debts to pension or profit-sharing		
	☐ Yes	Other. Specify unsecured	credit	

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	Angela Scerini		Case number (if know)	
	OSF Aviation LLC Nonpriority Creditor's Name PO Box 843974 Kansas City, MO 64184-3974	Last 4 digits of account number When was the debt incurred?		\$23,101.60
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	■ Debtor 1 and Debtor 2 only	□ Disputed		
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	☐ Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify unsecured	credit	
	State Collection Service	Last 4 digits of account number	9743	\$500.00
	Nonpriority Creditor's Name Attention: Bankruptcy Po Box 6250 Madison, WI 53716	When was the debt incurred?	Opened 04/15 Last Active 1/04/18	
Ī	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim	s: Check all that apply	
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	☐ Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured	d claim:	
	Check if this claim is for a community	☐ Student loans		
	debt Is the claim subject to offset?	Obligations arising out of a separeport as priority claims	ration agreement or divorce that you did not	
	■ No	Debts to pension or profit-sharin		
	☐ Yes	■ Other. Specify Collection Medical Ce		
4.1	State Collection Service Inc.	Last 4 digits of account number		\$750.00
:	Nonpriority Creditor's Name 2509 Stoughton Rd. Madison, WI 53716	When was the debt incurred?		
	Number Street City State Zlp Code	As of the date you file, the claim	s: Check all that apply	
	Who incurred the debt? Check one.	_		
	Debtor 1 only	☐ Contingent		
	Debtor 2 only	Unliquidated		
	Debtor 1 and Debtor 2 only	Disputed		
	At least one of the debtors and another	Type of NONPRIORITY unsecured ☐ Student loans	d claim:	
	☐ Check if this claim is for a community debt		ration agreement or divorce that you did not	
	ls the claim subject to offset?	report as priority claims	iration agreement or divorce that you did not	
	No	Debts to pension or profit-sharing	g plans, and other similar debts	
	☐ Yes	Other. Specify collections Center	for OSF St. Elizabeth Medical	

Part 3: List Others to Be Notified About a Debt That You Already Listed

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 William Scerini		One and a fee
Debtor 2 Angela Scerini		Case number (if know)
have more than one creditor for any of the do notified for any debts in Parts 1 or 2, do not to		the additional creditors here. If you do not have additional persons to be
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?
OSF Healthcare	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims
1643 Lewis Avenue, Suite 203 Billings, MT 59102-4151		■ Part 2: Creditors with Nonpriority Unsecured Claims

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
	•		•	Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims	•			
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	, , ,	6h.	\$ 0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 50,569.94
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 50,569.94

Last 4 digits of account number

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		DOCUME	<u> </u>	
Fill in this infor	mation to identify your	case:		
Debtor 1	William Scerini			
	First Name	Middle Name	Last Name	
Debtor 2	Angela Scerini			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		NORTHERN DISTRICT	OF ILLINOIS	
Case number (if known)				☐ Check if this is an amended filing

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have th	e contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.2					
	Name				
	Number	Street			_
	City		State	ZIP Code	
2.3					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.4	Oity		Olalo	211 0000	
	Name				_
	Number	Street			_
		Ciroot			
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_

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s information to identify your William Scerini	case:			
First Name	Middle Name	Last Name		
Angela Scerini				
ling) First Name	Middle Name	Last Name		
ates Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
atoo Dariii aptoy Court for the				
nber				
			amended filing	
J Form 106H				
	1.4			
dule H: Your Cod	ebtors		12 <i>l</i> ⁻	15
na, California, Idaho, Louisiana b. Go to line 3.	, Nevada, New Mexico, Pu	erto Rico, Texas, Wash		
e 2 again as a codebtor only in 106D), Schedule E/F (Official Column 2. Column 1: Your codebtor	f that person is a guaran Form 106E/F), or Sched	tor or cosigner. Make	sure you have listed the creditor on Schedule D (Of	ficial to fill
			,	
			Schedule D, line	
Name				
			☐ Schedule G, line	
Number Street			_	
City	State	ZIP Code		
			☐ Schedule D, line	
Name			☐ Schedule E/F, line	
			☐ Schedule G, line	
Number Street			_	
City	State	ZIP Code		
	ates Bankruptcy Court for the: al Form 106H dule H: Your Cod s are people or entities who a e filing together, both are equ and number the entries in the e and case number (if known) you have any codebtors? (If s thin the last 8 years, have you na, California, Idaho, Louisiana d. Go to line 3. s. Did your spouse, former spoulumn 1, list all of your codebte e 2 again as a codebtor only is 106D), Schedule E/F (Official column 2. Column 1: Your codebtor Name, Number, Street, City, State and Zi Name Number Street Street Number Street	ates Bankruptcy Court for the: NORTHERN DISTRICT All Form 106H Sule H: Your Codebtors Se are people or entities who are also liable for any deta of filing together, both are equally responsible for supplementary of the entries in the boxes on the left. Attack of and case number (if known). Answer every question you have any codebtors? (If you are filing a joint case, so thin the last 8 years, have you lived in a community property of the	ates Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS All Form 106H Sule H: Your Codebtors So are people or entities who are also liable for any debts you may have. Be a so filling together, both are equally responsible for supplying correct information dumber the entries in the boxes on the left. Attach the Additional Page to and case number (if known). Answer every question. you have any codebtors? (If you are filing a joint case, do not list either spouse as thin the last 8 years, have you lived in a community property state or territor and, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Wash as Did your spouse, former spouse, or legal equivalent live with you at the time? Journn 1, list all of your codebtors. Do not include your spouse as a codebtor of 2 again as a codebtor only if that person is a guarantor or cosigner. Make 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106E/F), or Schedule G (Official Form 106E/F). Name Number Street Number Street Street Number Street Street Number Street	tess Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Check if this is an amended filing

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						•			
	in this information to identify your obtor 1 William Sce								
	btor 2 Angela Sce				_				
	ited States Bankruptcy Court for th	e: NORTHERN DISTRIC	CT OF ILLINOIS						
O Se Be a sup spo atta	fficial Form 106l chedule I: Your Inc as complete and accurate as pos plying correct information. If you use. If you are separated and yo ch a separate sheet to this form.	ssible. If two married pec u are married and not fili ur spouse is not filing w On the top of any additi	ng jointly, and your ith you, do not inclu	spouse i	is liv matic	A suppose A supp	plement show ome as of the DD/ YYYY), both are e- include infor r spouse. If	ormation about more space is	12/15 sible for your needed,
1.	Fill in your employment information.		Debtor 1			Deb	otor 2 or nor	n-filing spouse	
	If you have more than one job, attach a separate page with information about additional employers.	Employment status	■ Employed □ Not employed			■ 6	Employed Not employed		
	Include part-time, seasonal, or self-employed work.	Occupation Employer's name	News Tribune			Hel	p at Home)	
	Occupation may include student or homemaker, if it applies.	Employer's address	LaSalle, IL			Chi	icago, IL 6	0602	
		How long employed t	here?						
Pai	Give Details About Mo	nthly Income							
	mate monthly income as of the cuse unless you are separated.	date you file this form. If	you have nothing to r	eport for	any l	line, write \$0 i	n the space.	Include your no	n-filing
	ou or your non-filing spouse have me space, attach a separate sheet to		ombine the informatio	n for all e	emplo	oyers for that p	person on the	e lines below. If	you need
						For Debtor		Debtor 2 or -filing spouse	
2.	List monthly gross wages, saldeductions). If not paid monthly,			2.	\$	2,699	.32 \$	1,535.58	
3.	Estimate and list monthly over	time pay.		3.	+\$	0	.00 +\$	0.00	

2,699.32

1,535.58

Calculate gross Income. Add line 2 + line 3.

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	otor 1 otor 2	William Scerini Angela Scerini	_	С	ase n	umber (<i>if known</i>)			
						Debtor 1		Debtor 2 or filing spouse	
	Cop	by line 4 here	4.	;	\$	2,699.32	\$	1,535.58	
5.	List	all payroll deductions:							
	5a.	Tax, Medicare, and Social Security deductions	5a.	. ;	\$	769.46	\$	265.42	
	5b.	Mandatory contributions for retirement plans	5b.		\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	. ;	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	. :	\$	0.00	\$	0.00	
	5e.	Insurance	5e.	. ;	\$	133.73	\$	0.00	
	5f.	Domestic support obligations	5f.	;	\$	0.00	\$	0.00	
	5g.	Union dues	5g.	. :	\$	0.00	\$	48.60	
	5h.	Other deductions. Specify:	5h.	.+ 3	\$	0.00	+ \$	0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	9	S	903.19	\$	314.02	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	9	S	1,796.13	\$	1,221.56	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.		\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.		· \$	0.00	\$	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.			* \$	0.00	\$	0.00	
	8d.		8d.	. ;	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	. :	\$	0.00	\$	0.00	
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Pension or retirement income Other monthly income. Specify: Second job net	e 8f. 8g. 8h.	. :	\$ \$ 	0.00 0.00 0.00	\$ \$ + \$	0.00 0.00 409.30	
	011.	Second job net	_ 011.	· ' _ '		0.00	` <u> </u>	409.50	7
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$		0.00	\$	409.30)
10.	Cal	culate monthly income. Add line 7 + line 9.	10.	\$	1	,796.13 + \$	1,63	30.86 = \$	3,426.99
	Add	the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L						
11.	Incl othe Do	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify:	depe					chedule J. 11. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reset that amount on the Summary of Schedules and Statistical Summary of Certallies						12. \$	3,426.99
13.	. Do∶	you expect an increase or decrease within the year after you file this form No.	ı?					Combir monthly	ed / income
	_	Yes Explain:							

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Fill	in this informa	ition to identify yo	our case:			I				
Debtor 1 William Scerini					Check if this is:					
	ebtor 2 Angela Scerini					☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date:				
	(Spouse, if filing)									
Unit	ed States Bankr	ruptcy Court for the:	NORTH	ERN DISTRICT OF ILLIN	OIS	MM / DD / YYYY				
1	e number nown)									
		rm 106J								
		J: Your I							12/1	
info	ormation. If m		eded, atta	If two married people as ch another sheet to this 1.						
Par		ribe Your House	hold							
1.	Is this a joir									
	□ No. Go to			- (- h h - l - l - l - l - l - l -						
		es Debtor 2 live i	n a separa	ate nousenoid?						
	■ N □ Y	-	st file Officia	al Form 106J-2, <i>Expenses</i>	s for Separate House	ehold of De	ebtor 2.			
2.	Do you have	e dependents?	■ No							
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto		Depend age	ent's	Does dependent live with you?	
	Do not state								□ No	
	dependents	names.			-				☐ Yes ☐ No	
									☐ Yes	
									□ No	
									☐ Yes ☐ No	
									☐ Yes	
3.	expenses of	penses include f people other the d your depende	han $_{\square}$	No Yes						
				_						
Est exp	imate your ex		our bankru	y Expenses Iptcy filing date unless y y is filed. If this is a supp						
Incl	lude expense	s paid for with r	non-cash (government assistance i	f vou know					
the		h assistance and		luded it on Schedule I:			Yo	our expe	enses	
4.		or home owners		ses for your residence. I r lot.	nclude first mortgag	e 4.	\$		466.00	
	If not includ	led in line 4:								
	4a. Real e	estate taxes				4a.	\$		166.00	
		rty, homeowner's	s, or renter'	s insurance		4b.	· ·		75.00	
		maintenance, re				4c.	·		100.00	
5.		owner's associat		dominium dues o ur residence , such as ho	me equity loans	4d. 5.	·		0.00 0.00	
٠.					oquity lourio	٥.	Ŧ		0.00	

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	William Scerini		
ebtor 2	Angela Scerini	Case number (if known)	
. Utilitie	s·		
	Electricity, heat, natural gas	6a. \$	137.00
	Water, sewer, garbage collection	6b. \$	80.00
	Telephone, cell phone, Internet, satellite, and cable services	6c. \$	240.00
	Other. Specify:	6d. \$	0.00
	and housekeeping supplies	7. \$	760.00
	are and children's education costs	8. \$	0.00
	ng, laundry, and dry cleaning	9. \$	150.00
	nal care products and services	10. \$	75.00
	al and dental expenses	11. \$	100.00
	portation. Include gas, maintenance, bus or train fare.	· · · · · · · · · · · · · · · · · · ·	100.00
	include car payments.	12. \$	400.00
	ainment, clubs, recreation, newspapers, magazines, and books	13. \$	15.00
	able contributions and religious donations	14. \$	10.00
5. Insura i	nce.		
Do not	include insurance deducted from your pay or included in lines 4 or 20.		
15a. L	Life insurance	15a. \$	0.00
15b. H	Health insurance	15b. \$	0.00
15c. \	Vehicle insurance	15c. \$	140.00
15d. (Other insurance. Specify:	15d. \$	0.00
6. Taxes.	Do not include taxes deducted from your pay or included in lines 4 or 20)	
Specify	<i>/</i> :	16. \$	0.00
	ment or lease payments:		
	Car payments for Vehicle 1	17a. \$	280.00
17b. (Car payments for Vehicle 2	17b. \$	230.00
17c. (Other. Specify:	17c. \$	0.00
	Other. Specify:	17d. \$	0.00
	ayments of alimony, maintenance, and support that you did not rep		0.00
	ted from your pay on line 5, Schedule I, Your Income (Official Form		0.00
	payments you make to support others who do not live with you.	\$	0.00
Specify		19.	
	real property expenses not included in lines 4 or 5 of this form or or		0.00
	Mortgages on other property	20a. \$	0.00
	Real estate taxes	20b. \$	0.00
	Property, homeowner's, or renter's insurance	20c. \$	0.00
	Maintenance, repair, and upkeep expenses	20d. \$	0.00
	Homeowner's association or condominium dues	20e. \$	0.00
1. Other:	Specify:	21. +\$	0.00
2. Calcula	ate your monthly expenses		
	dd lines 4 through 21.	\$	3,424.00
	opy line 22 (monthly expenses for Debtor 2), if any, from Official Form 10		<u> </u>
	dd line 22a and 22b. The result is your monthly expenses.	\$	2 424 00
220. AC	ad into 22a dita 22b. The result is your monthly expenses.	Ψ	3,424.00
3. Calcula	ate your monthly net income.		
23a. (Copy line 12 (your combined monthly income) from Schedule I.	23a. \$	3,426.99
23b. (Copy your monthly expenses from line 22c above.	23b\$	3,424.00
			<u> </u>
	Subtract your monthly expenses from your monthly income.	222	2.99
٦	The result is your monthly net income.	23c. \\$	2.33
4		francisco file dele fermo	
	Jexpect an increase or decrease in your expenses within the year a mple, do you expect to finish paying for your car loan within the year or do you expe		ase or decrease because of a
	riple, do you expect to liftish paying for your car loan within the year or do you expr ation to the terms of your mortgage?	cot your mortgage payment to incre	ase of accidase because OI d
2 200	, 55		
■ No.			

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Fill in this infor	mation to identify your	case:						
Debtor 1	William Scerini							
	First Name	Middle Name	Las	st Name				
Debtor 2 (Spouse if, filing)	Angela Scerini First Name	Middle Name	Las	st Name				
United States Ba	ankruptcy Court for the:	NORTHERN DISTRIC	CT OF ILLINO	OIS				
Case number								
(if known)					☐ Check if this is an			
					amended filing			
Official Forr	m 106Dec							
		n Individus	I Dobt	or's Schedules	4045			
Deciara	HOII ADOUL &	iii iiidividda	וו שבטני	or a ochequies	12/15			
obtaining mone		n connection with a ba			tatement, concealing property, or 0,000, or imprisonment for up to 20			
Sig	n Below							
Did you pa	y or agree to pay some	one who is NOT an att	orney to help	you fill out bankruptcy forms	?			
■ No								
☐ Yes.	Yes. Name of person Attach Bankruptcy Petition Preparer's Notice,							
				Declara	tion, and Signature (Official Form 119)			
	alty of perjury, I declare e true and correct.	that I have read the su	mmary and s	schedules filed with this declar	ration and			
X /s/ Wil	liam Scerini		Х	/s/ Angela Scerini				
	n Scerini			Angela Scerini				
Signatu	re of Debtor 1		Signature of Debtor 2					

Date February 2, 2018

Date February 2, 2018

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		nation to identify you	case:			
Debt	or 1	William Scerini First Name	Middle Name	Last Name		
Debt	or 2	Angela Scerini				
(Spous	se if, filing)	First Name	Middle Name	Last Name		
Unite	ed States Ba	nkruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case (if know	e number wn)					heck if this is an mended filing
Sta Be as inform	tement complete nation. If n	and accurate as possi	ble. If two married people a attach a separate sheet to		ankruptcy equally responsible for sup	
Part		, , , ,	rital Status and Where You	ı Lived Before		
		r current marital statu	s?			
I [■ Married					
2. [Ouring the I	ast 3 years, have you	lived anywhere other than	where you live now?		
] [■ No □ Yes. Lis	st all of the places you li	ved in the last 3 years. Do n	ot include where you live now	<i>ı</i> .	
	Debtor 1 P	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
states •	and territor No	<i>ie</i> s include Arizona, Ca		vada, New Mexico, Puerto Ri	ity property state or territory co, Texas, Washington and W	
Part	2 Expla	in the Sources of You	r Income			
F	fill in the total	al amount of income yo	u received from all jobs and	ng a business during this yeall businesses, including parter together, list it only once ur		ndar years?
[□ No ■ Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year untiled for bankruptcy:	■ Wages, commissions, bonuses, tips	\$2,699.32	■ Wages, commissions, bonuses, tips	\$2,000.00
			☐ Operating a business		☐ Operating a business	

Official Form 107

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William Scerini Debtor 1 Debtor 2 Angela Scerini Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$32,391.87 \$24,008.13 Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business For the calendar year before that: \$0.00 \$0.00 Wages, commissions. Wages, commissions, (January 1 to December 31, 2016) bonuses, tips bonuses, tips Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Nο Yes. Fill in the details. Debtor 2 Debtor 1 Sources of income **Gross income from** Sources of income **Gross income** Describe below. each source Describe below. (before deductions (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? □ No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... still owe paid

Case 18-03072 Doc 1 Filed 02/02/18 Entered 02/02/18 15:02:22 Desc Main Debtor 1 Debtor 2 William Scerini Case number (if known)

7.	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No Yes. List all payments to an insider.							
	Insider's Name and Address	Dates of payment	Total amount Amount y paid still o		Reason for t	this payment		
8.	Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider.							
	☐ Yes. List all payments to an insider							
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for t	his payment or's name		
Pai	t 4: Identify Legal Actions, Repossession	s. and Foreclosures						
9.	Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. No Yes, Fill in the details.							
	Case title Case number	Nature of the case	Court or agency		Status of the case			
	OSF Healthcare System v William Scerini and Angela Scerini 17 LM 1011	Small Claims	Peoria County Circuit Court Peoria, IL		■ Pending □ On appeal □ Concluded			
10.	Within 1 year before you filed for bankruptor. Check all that apply and fill in the details below. ■ No. Go to line 11. □ Yes. Fill in the information below. Creditor Name and Address		rty repossessed, fo	oreclosed, garnis	hed, attached	seized, or levied?		
	Creditor Name and Address	Explain what happened			property			
11.	Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details.							
	Creditor Name and Address			Date a	action was	Amount		
12.	Within 1 year before you filed for bankrupto court-appointed receiver, a custodian, or at ■ No □ Yes		rty in the possessi	on of an assigned	e for the benef	it of creditors, a		

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	btor 1 William Scerini btor 2 Angela Scerini		Case number	(if known)					
Pai	rt 5: List Certain Gifts and Contributions	i							
13.	Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ■ No □ Yes. Fill in the details for each gift.								
	Gifts with a total value of more than \$600 per person		Describe the gifts	Dates you gave the gifts	Value				
	Person to Whom You Gave the Gift and Address:								
14.	Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No								
	☐ Yes. Fill in the details for each gift or co			_					
	Gifts or contributions to charities that total more than \$600 Charity's Name		Describe what you contributed	Dates you contributed	Value				
	Address (Number, Street, City, State and ZIP Code)								
Pai	rt 6: List Certain Losses								
15.	or gambling? No								
	Yes. Fill in the details.								
	how the loss occurred	Include	ibe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost				
	List Certain Payments or Transfers	tov d	id you or anyone else acting on your behalf pay	or transfor any propo	rty to anyone you				
10.	consulted about seeking bankruptcy or pr	repari			ity to allyone you				
	□ No								
	Yes. Fill in the details.								
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not Yo	SU SU	Description and value of any property transferred	Date payment or transfer was made	Amount of payment				
	C. David Ward 1234 Douglas Road Oswego, IL 60543 cdward1945@yahoo.com		Attorney Fees	1-16-18	\$450.00				
	001 Debtorcc, Inc. 372 Summit Ave. Jersey City, NJ 07306			1-17-18	\$15.00				
17.	Within 1 year before you filed for bankrup promised to help you deal with your credi Do not include any payment or transfer that y	itors c		or transfer any prope	rty to anyone who				
	No								
	Yes. Fill in the details.		Description and the Control of the C	Dete					
	Person Who Was Paid Address		Description and value of any property transferred	Date payment or transfer was made	Amount of payment				

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Debtor 1 William Scerini
Debtor 2 Angela Scerini

Case number (if known)

Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other transferred in the ordinary course of your business or financial affairs? Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your include gifts and transfers that you have already listed on this statement. No							
	Yes. Fill in the details.						
	Person Who Received Transfer Address	Description and v property transfer		payme	ibe any property or ents received or debts n exchange	Date transfer was made	;
	Person's relationship to you						
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-pro		y property to a	self-settle	d trust or similar device	of which you are a	
	No						
	Yes. Fill in the details.						
	Name of trust	Description and v	alue of the pro	perty trans	ferred	Date Transfer wa	S
Pa r 20.	t 8: List of Certain Financial Accounts, In:	•	•	J		our benefit. closed.	
	sold, moved, or transferred? Include checking, savings, money market, of houses, pension funds, cooperatives, asso	or other financial accou	nts; certificates	of deposi			
	Yes. Fill in the details.						
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of accou	unt or	Date account was closed, sold, moved, or transferred	Last baland before closing o transfe	r
21.	Do you now have, or did you have within 1 cash, or other valuables?	year before you filed for	bankruptcy, ar	ny safe dep	oosit box or other depos	itory for securities,	
	■ No □ Yes. Fill in the details.						
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?	
22.	Have you stored property in a storage unit	or place other than your	home within 1	year befor	e you filed for bankrupto	cy?	
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)		Describe the contents		Do you still have it?	
Par	t 9: Identify Property You Hold or Control	for Someone Else					
23.							
	■ No □ Yes. Fill in the details.						
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the prop (Number, Street, City, S Code)		Describe	the property	Valu	е
Par	t 10: Give Details About Environmental Info	ormation					
	or the purpose of Part 10, the following definitions apply:						

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

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toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or

regulations controlling the cleanup of these substances, wastes, or material.

Debtor 1 William Scerini
Debtor 2 Angela Scerini

Case number (if known)

	Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or use to own, operate, or utilize it, including disposal sites.						
	Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.						
Rep	ort all notices, releases, and proceedings that	you know about, regardless of when	they occurred.				
24.	Has any governmental unit notified you that you	ou may be liable or potentially liable	under or in violation of an environme	ental law?			
	■ No						
	Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
25.	Have you notified any governmental unit of an	ny release of hazardous material?					
	■ No □ Yes. Fill in the details.						
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice			
26.	Have you been a party in any judicial or admir	nistrative proceeding under any envir	onmental law? Include settlements	and orders.			
	■ No □ Yes. Fill in the details.						
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case			
Pai	t 11: Give Details About Your Business or Co	onnections to Any Business					
27.	Within 4 years before you filed for bankruptcy	, did you own a business or have any	y of the following connections to any	/ business?			
	☐ A sole proprietor or self-employed in a	a trade, profession, or other activity,	either full-time or part-time				
	☐ A member of a limited liability compan	ny (LLC) or limited liability partnershi	p (LLP)				
	☐ A partner in a partnership						
	☐ An officer, director, or managing executive of a corporation						
	☐ An owner of at least 5% of the voting or equity securities of a corporation						
	No. None of the above applies. Go to Part 12.						
	☐ Yes. Check all that apply above and fill in	the details below for each business.					
	Address	Describe the nature of the business	Employer Identification numbe Do not include Social Security				
		taile of accountant of bookkeeper	Dates business existed				
28.	Within 2 years before you filed for bankruptcy institutions, creditors, or other parties.	, did you give a financial statement to	o anyone about your business? Inclu	ude all financial			
	■ No □ Yes. Fill in the details below.						
	Name Address (Number, Street, City, State and ZIP Code)	Date Issued					
Pai	t 12: Sign Below						

I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers

Statement of Financial Affairs for Individuals Filing for Bankruptcy

Official Form 107

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William Scerini Debtor 1 Debtor 2 Angela Scerini Case number (if known) are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ William Scerini /s/ Angela Scerini Angela Scerini William Scerini Signature of Debtor 1 Signature of Debtor 2 Date February 2, 2018 Date February 2, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Fill in this info	rmation to identify your	case:		
Debtor 1	William Scerini			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, filing)	Angela Scerini First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS	
Case number (if known)				☐ Check if this is an amended filing
			viduals Filing Under Ch	napter 7 12/15
	ve claims secured by yo		out this form in	
you have lea	sed personal property a his form with the court w lever is earlier, unless th	nd the lease has n	ot expired. you file your bankruptcy petition or by the e time for cause. You must also send cop	
	people are filing together and date the form.	r in a joint case, bo	th are equally responsible for supplying c	orrect information. Both debtors must
	and accurate as possib		s needed, attach a separate sheet to this fo	orm. On the top of any additional pages,
Part 1: List Y	our Creditors Who Have	e Secured Claims		
For any credi information be		art 1 of Schedule D	: Creditors Who Have Claims Secured by	Property (Official Form 106D), fill in the
Identify the c	reditor and the property t	hat is collateral	What do you intend to do with the prop secures a debt?	erty that Did you claim the property as exempt on Schedule C?
			_	_
	Citizens Bank		☐ Surrender the property.	□ No
name:			☐ Retain the property and redeem it.☐ Retain the property and enter into a	■ Yes
Description o	f 2010 Dodge Callib	er	Reaffirmation Agreement.	.00
property securing deb	t:		Retain the property and [explain]: continue payments	
For any unexpir in the information	on below. Do not list rea	ase that you listed Il estate leases. Ur	in Schedule G: Executory Contracts and lexpired leases are leases that are still in each the trustee does not assume it. 11 U.S.C. §	
Describe your	unexpired personal pro	perty leases		Will the lease be assumed?
Lessor's name:				П. н
Description of le	eased			□ No
Property:				☐ Yes
Lessor's name:				□ No
Description of le	eased			
Property:				☐ Yes
Lessor's name:				
Official Form 108	3	Statement of Ir	tention for Individuals Filing Under Chapt	er 7 page 1

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Debtor 1 William Scerini Debtor 2 Angela Scerini	Case number (if known)
Aligora docimi	
Description of leased Property:	□ No
• ,	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name: Description of leased	□ No
Property:	☐ Yes
Lessor's name:	□ No
Description of leased Property:	☐ Yes
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intention property that is subject to an unexpired lease.	about any property of my estate that secures a debt and any personal
X /s/ William Scerini	X /s/ Angela Scerini
William Scerini	Angela Scerini
Signature of Debtor 1	Signature of Debtor 2
Date February 2, 2018	Date February 2, 2018

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation	
\$245	filing fee	
\$75	administrative fee	
+ \$15	trustee surcharge	
\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-03072 Doc 1 Filed 02/02/18 Entered 02/02/18 15:02:22 Desc Main Document Page 46 of 51

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

In	William Scerini		Case No.		
111	re Angela Scerini	Debtor(s)	Chapter	7	_
	DISCLOSURE OF COM			EDTOD (C)	
	DISCLOSURE OF COME	PENSATION OF ATTOR	RNEY FOR DE	ZBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the be rendered on behalf of the debtor(s) in contemplation	filing of the petition in bankruptcy,	or agreed to be paid	to me, for services rendered or to)
	For legal services, I have agreed to accept		\$	450.00	
	Prior to the filing of this statement I have receive	/ed	\$	450.00	
	Balance Due		\$	0.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed co	ompensation with any other person	unless they are mem	bers and associates of my law fir	m.
	☐ I have agreed to share the above-disclosed comp copy of the agreement, together with a list of the				
5.	In return for the above-disclosed fee, I have agreed t	to render legal service for all aspect	s of the bankruptcy c	ase, including:	
	 a. Analysis of the debtor's financial situation, and reb. Preparation and filing of any petition, schedules, c. Representation of the debtor at the meeting of cred. [Other provisions as needed] Negotiations with secured creditors reaffirmation agreements and applications of the secured creditors of the secured credito	statement of affairs and plan which editors and confirmation hearing, ar to reduce to market value; exe ations as needed; preparation	may be required; and any adjourned hea emption planning;	rings thereof; preparation and filing of	
_		_			
5.	By agreement with the debtor(s), the above-disclosed Representation of the debtors in disc			ngs.	
		CERTIFICATION	<u> </u>	-	
this	I certify that the foregoing is a complete statement of s bankruptcy proceeding.	f any agreement or arrangement for	payment to me for re	epresentation of the debtor(s) in	
	February 2, 2018	/s/ C. David Ward			
_	Date	C. David Ward Signature of Attorne C. David Ward 1234 Douglas Ro Oswego, IL 6054: 630-554-3065 Fa cdward1945@yal Name of law firm	ad 3 x: 630-551-7131		

CHAPTER 7 BANKRUPTCY RETAINER AGREEMENT

You have asked our firm to act as your attorneys. This agreement sets forth the terms under which we will represent you and shall become effective as soon as it is signed by both of us and we are paid as set forth herein. We reserve the right to terminate our attorney client relationship for non-payment of fees or costs and or the failure to provide the documents requests in a timely fashion. We do not advance any costs or expenses

I.	COSTS AND EXPENSE	The following are the antic	ipated costs and expenses which
may be	incurred in your case: The	case can not be filed without	these fees being paid.

A. COURT COSTS: Initial filing fee to clerk of court

B. CREDIT REPORT:

C. TOTAL COSTS:

FLAT FEE. The legal flat fee is:

TOTAL DUE.

\$335.00
\$335.00
\$338.00 / \$66.00
\$368.00 / \$401.00
\$450.00
\$818.00 / \$851.00

II.

Ш.

An Initial payment \$133.00/\$166.00 leaves \$685.00 due to file case.

- IV. PRIVACY WAIVER. Many of the documents we will require and much of the information and due diligence we will have to complete will require our investigation into your personal financial records and all other venues of public data. This could include the Secretary of State, the Criminal Court records, the Civil Court records, the tax assessor's records, and all other sources of information that may be available through the internet (including IRS, IDOR, and census bureau) and other public sources of information. Said information will be used solely on your behalf and as is necessary to adequately represent you in the bankruptcy proceedings filed on your behalf. Should we not represent you said information will not be disclosed to any other person without your permission unless ordered to do so by a court with jurisdiction. Once this information is received we will have to include it in the paperwork necessary to complete the bankruptcy process on your behalf. You hereby authorize us to obtain the necessary information from any source available and further agree to execute any necessary waiver and or permissions required by any third party providers of this information.
- V. <u>WE UNDERSTAND</u> THAT THE CASE WILL NOT FILED UNLESS WE PROVIDE THE REQUIRED DOUMENTATION ON TIME AND MAKE THE PAYMENTS AGREED TO ON TIME. SAID FAILURE TO FILE MAY DEPRIVE US OF THE PROTECTION OF THE BANKRUPTCY SYSTEM AND COULD ADVERSELY AFFECT US.
- VI. <u>WE UNDERSTAND</u> THAT THE EXECUTION OF THIS AGREEMENT DOES NOT GUARANTEE THAT WE QUALIFY FOR A CHAPTER 7 BANKRUPTCY. NO REPRESENTATION AS TO WHICH CHAPTER WE QUALIFY FOR IS BEING MADE UNTIL THE MEANS TEST CALCULATION IS COMPLETED AND OTHER QUALIFICATIONS FACTORS ARE MET.
- VII. IF YOU FAIL TO APPEAR AT THE 341 MEETING AND/OR DO NOT BRING YOUR PHOTO ID AND SOCIAL SECURITY CARD TO THE MEETING AND IT IS NOT HELD, WE WILL CHARGE AN ADDITOINAL \$100.00 FEE TO ATTEND THE NEXT MEETING WHICH MUST BE PAID BEFORE ATTENDING THE MEETING.

Dated://8	
ILLINI LEGAL SERVICES:	C David Ward
angele Scrin	William Scenie

- VII. WHAT WE WILL DO FOR YOU. Illini Legal Services will provide legal and other services as follow:

 A. PEOPLE INVOLVED. The full bankruptcy process involved many skilled people who work on various stages of your case. Some of the people involved are:
- 1. ATTORNEY. The Attorneys at Illini Legal Services will provide over sight in all aspects of your case, meet with you as is necessary and attend those creditors meeting and court appearances as are agreed. Should legal fees be charges the current hourly rate is \$360.00 per hour.
- 2. PARALEGAL. Illini Legal Services uses the services of paralegals. Paralegals are highly skilled non-attorneys who provide specialized support services. Paralegals are supervised by Attorneys and provide the support services to facilitate the document preparation, information gathering, and other essential tasks necessary in the orderly completion of your Bankruptcy. Should fees be charged they will be \$180.00 per hour.
- 3. SECRETARIAL AND OTHER SUPPORT. Other people are also engaged in helping your successful trip through the bankruptcy process. These include secretaries, and other services. There is no separate hourly charge for these services and their costs are included in the hourly fees charged by Illini Legal Services.
- B. SERVICES PROVIDED. Once you have become our client we will provide among other services the following:
- 1. EXPLANATION OF BANKRUPTCY. We will explain the bankruptcy process and the difference between the types of bankruptcy to you so that you can make a reasoned decision as to what you want to do.
- 2. NECESSARY PAPERWORK. We will provide all of the paper work necessary for you to complete the bankruptcy process. This includes the following:
- 3. CREDITOR'S MEETING. In both Chapter 7 and Chapter 13 there is a mandatory meeting with the bankruptcy trustee know as the 341 meeting. We will prepare for and attend this meeting with you.
- 4. COURT APPEARANCES. If there are necessary court appearances we will prepare for and attend them.
- a. Mundane Court Appearances. Mundane court appearances are routine court matters. They are held on court motion calls. Said mundane matters do not include set evidentiary hearings, adversary proceedings, and or other contested matters of an unusual nature.
- b. Adversary Proceedings and highly contested Court Appearances. Adversary Proceedings and highly contested Court Appearances are not included in the fee quoted above and there will be extra charges which will be discussed with you prior to the attendance of any court appearance. In most instances additional legal fees will have to be agreed to and paid.
- 5. AMENDMENTS OF SCHEDULES. We will prepare and file on your behalf any necessary amendments to the paperwork. There may be an additional costs for this service with the court system which your will have to pay prior to the amendments.
- VIII. WHAT WE WILL NOT DO FOR YOU. Without further agreement between Illini and you, there are several things that Illini has not agreed to do. These include:
- A. ADVERSE PROCEEDINGS, CONTESTED MOTIONS, & OBJECTIONS. Should any person, creditor, and or the trustee, file an adversary proceeding, file a contested motion, contest an exemption, or object to a claim, we have not agreed to represent you. Should this happen there will be additional fees, costs and expenses which we will have to agree to and will have to be paid. If we cannot come to an agreement we will withdraw as your attorney.
- B. ACTIONS CAUSED BY YOUR FAILURE TO LIVE UP TO YOUR AGREED RESPONSIBILITIES. Should you fail to do any of those things you have agreed to do as set forth in this agreement we have not agreed to represent you. Should this happen there will be additional fees, costs and expenses which we will have to agree to and will have to be paid. If we cannot come to an agreement we will withdraw as your attorney. IX. WHAT YOU MUST DO FOR US. It is immensely important that we have your complete cooperation. All
- items must be paid, in advance, to Illini and a failure to pay same will result in our withdrawal from your case and may cause documents which must be filed in a timely fashion to be filed late or not all. We are not responsible for the consequences of your failure to get to us the information, whether written, or otherwise, in a timely fashion nor will we represent you in any of the proceedings occasioned by your failure, without further agreement about the representation and the payment of expenses, costs and fees. We cannot do our job for you unless we have the information to be able to deal with in a timely fashion. Not limiting the above, you must do the following:
 - A. ATTEND THE CREDITOR'S MEETING AND ALL COURT PROCEEDINGS ON TIME.

 IF YOU FAIL TO APPEAR OR DO NOT HAVE YOUR SOCIAL SECURITY CARD AND
 PHOTO ID AND WE HAVE TO MAKE AN EXTRA APPEARANCE WE WILL CHARGE
 AN ADDITIONAL \$100.00 WHICH MUST BE PAID BEFORE THE NEXT MEETING.
 - B. PROVIDE ALL DOUMENTRATION REQUESTED TO US WHEN WE REQUEST IT.
 - C. LET US KNOW OF ANY CHANGES IN YOUR CIRCUMSTANCES AS THEY MAY
 - E. COOPERATE IN A TIMELY FASHION WITH THIRD PARTIES NECESSARY TO THE SUCCESSFUL COMPLETTION OF YOUR CASE

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United States Bankruptcy Court Northern District of Illinois

In re	William Scerini Angela Scerini		Case No.	
	7 tilgold Gooriiii	Debtor(s)	Chapter	7
	VI	ERIFICATION OF CREDITOR MA		13
			_	
	The above-named Debtor(s (our) knowledge.	s) hereby verifies that the list of creditor	ors is true and	correct to the best of my
Date:	February 2, 2018	/s/ William Scerini		
		William Scerini		
		Signature of Debtor		
Date:	February 2, 2018	/s/ Angela Scerini		
		Angela Scerini		
		Signature of Debtor		

Associated Anesthesiologists SC 8600 N. State Route 91, Ste 250 Peoria, IL 61615

Capital One / Menard Attn: General Corresp/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Central Illinois Radiological Assoc 44000 Garfield Rd. Clinton Township, MI 48038

Citizens Bank Attention: ROP-15B 1 Citizens Drive Riverside, RI 02940

City of LaSalle PO Box 2355 Schiller Park, IL 60176-2355

Collection Prof/lasalle Po Box 416 La Salle, IL 61301

Financial Plus Cu 800 Chestnut St Ottawa, IL 61350

Habecker and Morris LLC 456 Fulton St., Ste 398 Peoria, IL 61602

IVCH 925 West St. Peru, IL 61354-2799

OSF Aviation LLC PO Box 843974 Kansas City, MO 64184-3974

OSF Healthcare 1643 Lewis Avenue, Suite 203 Billings, MT 59102-4151

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State Collection Service Attention: Bankruptcy Po Box 6250 Madison, WI 53716

State Collection Service Inc. 2509 Stoughton Rd. Madison, WI 53716